

Patent Application
Attorney Docket No.: 47004.000040

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Kevin BOYLE, et al.

Group Art Unit: 3625

Serial No.: 09/325,536

Examiner: Forest Thompson, Jr.

Filed: June 4, 1999

For: CREDIT INSTRUMENT AND SYSTEM WITH AUTOMATED PAYMENT OF
CLUB, MERCHANT, AND SERVICE PROVIDER FEES

TRANSMITTAL LETTER

Under Secretary of Commerce for Intellectual Property
and Director of the United States Patent and Trademark Office
Washington, D.C. 20231

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GROUP 3600

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Final Office Action of October 16, 2002	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input checked="" type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input checked="" type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Request for Two-Month Extension of Time	\$410.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED	\$410.00



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PATENT TRADEMARK OFFICE

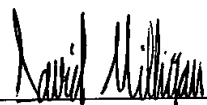
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	24	25	0	x \$18.00	\$
Independent Claims	5	5	0	x \$84.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Dated: March 17, 2003

By:



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DHM/cbt